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## \*BIBDATASHEET\*

CONFIRMATION NO. 9562

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/815,639	<b>FILING OR 371(c) DATE</b> 04/02/2004 <b>RULE</b>	<b>CLASS</b> 235	<b>GROUP ART UNIT</b> 2876	<b>ATTORNEY DOCKET NO.</b> HYC011US
<b>APPLICANTS</b> Kia Silverbrook, Balmain, AUSTRALIA; Paul Lapstun, Balmain, AUSTRALIA; Jacqueline Anne Lapstun, Malmaln, AUSTRALIA; Paul Quentin Scott, Balmain, AUSTRALIA;				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b> AUSTRALIA 2003901617 04/07/2003 AUSTRALIA 2003901795 04/15/2003				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/17/2004</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <u>Allowance</u> Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> AUSTRALIA	<b>SHEETS DRAWING</b> 28	<b>TOTAL CLAIMS</b> 52	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 24011 AIR MAIL				
<b>TITLE</b> VALIDATING COMPETITION ENTRY				
<b>FILING FEE RECEIVED</b> 1776	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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Verified and Acknowledged	Examiner's Signature <u>[Signature]</u> Initials <u>[Initials]</u>			<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 24011				
<b>TITLE</b> Validating competition entry				
<b>FILING FEE RECEIVED</b> 1776	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	